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REMARKS: Private Water Su	apply Nitrate analysis			<i>.</i>		
		· · · · · · · · · · · · · · · · · · ·				

INTERPRETATION OF NITRATE/NITRITE RESULTS PRIVATE WATER SUPPLY

Using Federal regulations under the Safe Drinking Water Act (SDWA) as a guideline, the maximum contaminant level (MCL) for Nitrate as N is 10.0 mg/L (ppm) and for Nitrite as N is 1.0 mg/L (ppm). The health significance of these levels applies to pregnant women, new-borns and infants. The major health effect associated with these levels is methemoglobinemia, also known as "blue-baby syndrome".

Nitrate/Nitrite as Nitrogen (N)

Result (mg/L)		
<0.1 – 1.0	Your water is satisfactory based on Nitrate/Nitrite	
	analysis.	
1.1 - 10.0	Your water is satisfactory based on Nitrate MCL.	Order a Nitrite Sample Kit
	Check to see if your Nitrite level is above 1.0 mg/L.	
>10.0	Confirm result with another sample.	Order a Total Nitrate-Nitrite
	In the meantime, if you have any of the susceptible	Sample Kit
	groups in the home, they should not drink this water.	

(ppm = parts per million = mg/L)

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Postchlorinated	706	+ /	+	NICKEL	V	
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Fluoride treatment	Sp. Cond. µmhos/cm	- 	 	Magnesium		1
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	Lindane		†		1.	·
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CHEMICAL EXAMINATION OF WATER Page Page	Check Space Branch Dental Eng. Div.	INDIANA STATE DE Environme 635 N Barnhi P.O. INDIANAPOLIS, I	ntal Labor II Dr., Roc Box 7202	ratory om 13G	Lab No		,
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Zeolite softenedFluorides as FIronLime-soda softenedNitrate + Nitrite as NManganeseCoagulated and settledNitrates as NCalciumPhosphate treatmentNitrite as NCalciumFluoride treatmentSp. Cond. μmhos/cmMagnesiumFluoride treatmentOrganicsSodiumEndrinPotassiumImage: Condition of the property of		Phosphates as PO4		 	Sliver		
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Coagulated and settled Nitrates as N Calcium Phosphate treatment Nitrite as N Calcium Fluoride treatment Sp. Cond. μmhos/cm Magnesium Sodium Sodium Image: Company of the				 			
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State Form 51224 (1-03)

IDEM SSLA PROGRAM

INSTRUCTIONS FOR TOTAL NITRATE/NITRITE SAMPLE COLLECTION

(Please read all instructions before collecting)

- 1. The Total Nitrate/Nitrite sample kit consists of: instruction form, analysis request form, and 1-125ml plastic bottle containing a disk with acid preservative.
- 2. The following instructions describe the method of collection:

Do not rinse the sample container or discard the acid preservation disk! The filter disk is saturated with 50% sulfuric acid (see precautions) and is used to preserve the sample for the analysis of total nitrate/nitrite.

- a. Flush the sample tap for five (5) minutes prior to collecting the sample.
- b. Reduce the flow of the water and fill the sample container to the shoulder of the bottle. Replace and tighten the cap to prevent sample leaking.
- 3. Complete the analysis request form with the indication that the total nitrate/nitrite test is desired.
- 4. Place the sample bottle and analysis request form in the mailing container and return to the ISDH as soon as possible (within 72 hours).

INDIANA STATE DEPARTMENT OF HEALTH ENVIRONMENTAL MICROBIOLOGY LAB 635 N. BARNHILL DRIVE, ROOM 13G PO BOX 7202 INDIANAPOLIS, IN 46207-7202

WARNING

The Indiana State Department of Health assumes no liability for the use of this kit.

Precautions In Sample Collection for Total Nitrate/Nitrite Analyses:

CAUTION: Do not rinse out the bottle.

CAUTION: Do not fill the bottle past the shoulder of the sample container.

CAUTION: Do not contaminate the contents of the filled bottle.

CAUTION: The filter disk in the sample bottle is saturated with 50% sulfuric acid which is very corrosive and must remain in the bottle at all times. Sulfuric acid can burn the skin. If acid gets on the skin, immediately drench the area with cold water for 3 to 5 minutes. All burns of any significance should be treated by a physician.

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Filtered Postchlorinated	Phosphates as PO ₄		ļ	Silver			
Zeolite softened	Fluorido			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Lime-soda softened	Fluorides as F	_		Iron			
Coagulated and settled	Nitrate + Nitrite as N		/	Manganese			
Phosphate treatment	Nitrates as N	_	ļ	<u> </u>			
Fluoride treatment			ļ	Calcium			
Tidolido documento	Sp. Cond. μmhos/cm		ļ	Magnesium	· · · · · · · · · · · · · · · · · · ·		
	Organics			Sodium			
	Endrin			Potassium			
	Lindane	-					
FIELD EXAMINATION	Methoxychlor	-					
pH	2, 4-D						
CO2 mg/l	2, 4, 5-TP			Radionuclides			pCi/I
Iron mg/l	Toxaphene			Gross Alpha	,		μΟι/Ι
				Gross Beta			
		<u> </u>	 			· · · · · · · · · · · · · · · · · · ·	
REMARKS:	——————————————————————————————————————		·			L	<u> </u>
		······································				***	
						·	

Check Space

SDG 1715

INDIANA STATE DEPARTMENT OF HEALTH Chemistry Laboratory 635 N Barnhill Dr., Room MS0040 P.O. Box 7202 INDIANAPOLIS, INDIANA 46207-7202

CHEMICAL EXAMINATION OF BOTTLED WATER

Do not write in this space Lab No. 146816 H A

Date Rec. 01/04/2005

Date Rep.____

FILL IN THIS SPACE Indiana State Department of Health is t	o mail repor	t to:		Also, mail o	opy of re	port to:	
Manager, Food Protection	Program			Name	,		•
2 North Meridian Street, 5 (<u> </u>			Street			d y
Indianapolis, IN	46204			011		IN	
City or Town		i e e e e e e e e e e e e e e e e e e e		City or Town		Zip	
City Of Town	Zip		I Ł				
Name of establishment Horn	e (ity Ice					
Address 2000 Martin	Luthe	y King Ir	•	City	India	Manalia zin 41	6202
Collected by Piki Sal		Date collected _v	01-04	-05	Time	11:55 am	
Where was sample collected?	U#1	•			of containe		
Type of water will drink	ung In	Unusual cond	litions	untreat	to d		
Person from whom sample obtained	1 7	eremy Nich	nothin	\	<u>~~~</u>		-
		LABORATOR					
CENEDAL CUENCEDY	T			INATION			
GENERAL CHEMISTRY	Check	ORG	ANICS		Check	METALS	Check
Fluorides as F	X	Volatile Organic Chem	nicals (VOC	C's)	1	Aluminum	- x
Nitrate + Nitrite as N	Χ	Method 524.2			X	Antimony	$\frac{1}{x}$
Nitrates as N	X					Arsenic	X
Nitrite as N	X				T	Barium	X
		Synthetic Organic Che	emicals (SC	C's)		Beryllium	X
Total Phenol	Х	Method 504.1			X	Cadmium	X
		Method 508			Х	Chromium (Total)	X
		Method 515.3	:		X	Copper	X
Cyanide	Х	Method 525.2			Х	Iron	×
Chlorides as Cl	X	Method 531.1			Х	Lead as Pb	T _X
Sulfates as SO ₄	X	Method 552.2		,	Х	Manganese	×
7110		Method 62	500		X	Nickel	X
Total Dissolved Solids	X	RE	PUR		7	Selenium as Se	×
			.CH	-00"		Silver as Ag	×
Turbidity	X		EB 11	2005		Thallium	X
		Indiana	State Depart	ment of Health		Zinc	X
		Labo	oratory Resou Chemistry Lab	ment of Health irce Center poratory			
		TADIOLOGICAL	Official and a second			Mercury as Hg	X
		Radionuclides					
		Gross Alpha					
	L	Gross Beta					
To be filled in by Food Protection							
Reviewed by	Con	clusion and Recomme	nded Actio	ns			
Signed							
Signed				Date_			
State Form 51768 (5-04)							



INDIANA DEPARTMENT OF

Project:

	7177		EN	IVIF	RON.	MEN	NTA.	L M	ANA	GEI	MEN	IT	200)5Fixed	Station
INDIANA DEPARTMENT OF E	NVIRONMENTAL MANAGEMENT	owe	Q			OSHWI	М		OE	R			OAM Sam	ple Set: 05	FSW067
					CH	IAIN	OF	CUS	TOL	ΟY			sou	JTH A RO	DUTE
I Certify that th	e sample(s) listed be	elow wa	as/wer	e collec	eted by	me or	in my		Da	te:_3	1 (0	105	_ P.O.		
Signature:	Julia	7	_JOEL	ARMS	TRON	G			Sec	ction:_	Surve	eys Sec	tion		
506/814				COI				IE IN	DICA' LES	ГED					
LAB NUMBER ASSIGNED	IDEM CONTROL NUMBER	2000ml P,N.M.	1000ml P,N.M.	1000ml G,N.M	500ml GW.M	250ml GW.M.	125ml GW.M	40ml VIAL	120ml P,(B.O.)	500ml P,N.M.	250ml P,N.M.	250ml T,N.M	and the second s	TE AND TI OLLECTE	
154194	AA26093 (143)		4						1				3/10/05	10:45	AM/PM
154195	AA26094 (BLK)		3						(3/10/05		
154196	AA26095 (144)		5						ţ				3/10/05	11:15	AM/PM
154197	AA26096 (145)		4						t				3/10/05	(6:00	M /PM
154198	AA26097 (146)		4	2					l				3/10/05	09:10	M PM
154 199	AA26098 (147)		4										319105	13:00	AMPM
154200	AA26099 (148)		4										319105	14:30	AM/RM
54201	AA26100 (149)		3										3/9/05	15:30	AM/M
154202	AA26101 (150)		3										319105	17:10	AM/IM
54203	AA26102 (151)		3										319105	16:20	AM/PM
154204	AA26103 (145a)		4						ſ				3/10/05	10:00	AMVPM
•													/ /	:	AM/PM
T-Teflon	P-Plastic	G-G	ilass		N.N	INarı	row M	outh	-	***************************************	W.M.	-Wide	Mouth	B. O B	acti. Only
I certify that I re	eceived the above sa	mple(s))	CAF	RRIEF	RS				Shou	d samp	oles be i	ced?	Y	N
	SIGNAT	UKE	0		mental of "		D	ATE TIM			SEA INTA			COMMENT	ΓS
RELINOUISH RECEIVED B	1 //						3	110	/ 05 AM/PI	<u>a</u>	Y	N			
RELINOUISH		NA A					10.	/	, (7					
RECEIVED B									AM/PI	м	Y	N			
RELINOUISH	ED BY:							/	/						•
RECEIVED B	Y:							<u>:</u>	AM/P	м	Y	N			
RELINOUISH	ED BY:			· · · · · · · · · · · · · · · · · · ·							.,				
RECEIVED B	Y:				т	1. C	-4 - 31		AM/P		Y	N			
I certify that I received to the control of the con	ved the above sample(s)	and is/a	are recor	ded in t					ISDH ne samp		be in cu	istody o	f competent labora	itory personnel	at all times or
Signature:	Charles 11 both	Je .					3	Date:	b	10	5	Time	: 12:45	AM/PM)
	11/ 11/1	•						1	100						



INDIANA STATE DEPARTMENT OF HEALTH Chemistry Laboratory CHAIN OF CUSTODY

I certify that sample(s) listed below was (were) collected by me or in my presence

		RECE	RELL	RECE	RELL	RECI	RELI		12	Ξ	10	9	∞	7	6	5	4	ω	2	7			Sign
		RECEIVED BY:	RELINQUISHED BY:	RECEIVED BY:	RELINQUISHED BY:	RECEIVED BY:	RELINQUISHED BY:	SIGN			r										LAB ASSIGNED NUMBER		Signature
Signature:	I certify that I have 1							SIGNATURE													CONTROL		
	LABORATORY CUSTODIAN I certify that I have received the above sample(s) and it (they) will be in the custody of competent laboratory personnel at all times or locked in a secure area.	••	/		/			DAT													MATRIX		
	e(s) and i	Al	_	Α	_	A	_	DATE AND TIME													2000 ml Plastic		
	LAI it (they) v	AM/PM		AM/PM		AM/PM		CIME													1000 ml Plastic		
Date:	30RA7				,															-	1000 ml Glass		
fe:	[ORY the custo	Yes		9		S		SEALS INTACT?													500 ml Plastic	CONSI	
_	CUSTO dy of con	No	1	INO	Z	INO	<u> </u>	LS CT?									-				40 ml Vial	STING O	
	ODIAN npetent l																				120 ml Plastic	SISTING OF THE INDICA NUMBER OF BOTTLES	Date:
	aboratory							0			-1				-						250 ml Plastic	CONSISTING OF THE INDICATED NUMBER OF BOTTLES	
	personn							COMMENTS													500 ml Glass	TED	
ı-j	el at all ti						•	STN															
Time:	mes or loc																						
	ked in a secu					<u> </u>			/	, /	/	/	/	/	/	/	/	/	/	/	DATE		
AM / PM	re area.						-	Ples	/	/	/	/	/	/	,	/	/	/	/	- /	AND		
M								Please send report to:		••					••		••	••			D TIME		
								rt to:	AM / PM	COLLECTED													

SAMPLE CUSTODY CHAIN - IDEM OFFICE OF LAND QUALITY

State Form 42091 (R / 2-03)

(1) SAMPLE CERTIFICATION - I certify the following samples were collected by me or in my presence:	Print Name:
Sample Date(s):	Signature:

Please Send Report to:

IDEM
OLQ Chemistry Section
Attn: QA Officer
100 N Senate Avenue, N1101
P. O. Box 6015

AM / PM			SSS:	Address:		
			_aboratory:	Labor	Sample Condition:	ooler Temp:
Time	Date		Received by:	Recei	FOR LABORATORY USE ONLY:	FOR
		a at all times.	will remain in the custody of competent lab personnel or be secured in a locked area at all times.	will re		
		samples in the official logbook, they	fter recording these	l certi		
			(6) LABORATORY RECEIPT OF SAMPLES	(6)		
AM / PM			Received by: Sign	Recei		
			Relinquished by:	Relino		COMMENTS
AM / PM			Received by:	Recei		
			Relinquished by:	2 days Relino	14 days 7 days 2	30 days 1
Time	Date		(5) TRANSFER OF CUSTODY - I certify that I received the above samples.	(5) TI	REQUIRED TURNAROUND TIME (with full documentation)	REQUIRED TURNAR
AM PM	Time	Date	Other	Glass Bottles Plastic Bottles 40 ml Vials	IDEM Matrix or Sample Sample Number Type	Laboratory Control Number (Lab Use)
& TIME	(2H-2J) DATE & TIME	(2G) COMMENTS	(2E-2F) ANALYSES REQUESTED	(2D) COUNTS	(2A-2C) SAMPLE INFORMATION	(2A-2C)
015	Indianapolis, IN 46206-6015	Indianap				

INSTRUCTIONS FOR FILLING OUT THE CHAIN OF CUSTODY FORM

This is a triplicate form. Please use a ball-point pen and press hard!

When shipping samples, each cooler must have its own chain-of-custody form.

1. Begin at the top with the four-part box.

- A. Write your name in the upper right part.
- B. Sign your name in the lower right part.
- C. Write the sample date(s) in the lower left part.

2. Fill out the main block of the form as you collect the samples.

- A. Please leave the Laboratory Control Number column blank; it is for lab use.
- B. The second column is for the sample numbers issued by the OLQ gatekeeper. One sample number per line, please!
- C. Use the third column to indicate the sample type (e.g., air, soil, waste, sediment, etc.)
- D. The next four columns are used to indicate the number of sample bottles of each basic type glass containers (excepting 40ml vials), plastic containers, 40 ml vials, and Other (i.e. Suma canisters).
- E. The slanted boxes are used to indicate the type of analyses to be performed. Unless your samples are undergoing more than fourteen types of analysis, please use a separate slanted box for each analysis type. In some cases, it may be desirable to use the appropriate method number rather than the method name. For example, rather than writing "VOCs", you could choose to write "8260" or "524" to indicate the SW-846 or drinking water methods, respectively. Details on method types and numbers are available from the OLQ sampling gatekeeper.
- F. Mark the squares below the slanted boxes with an "X" to indicate which samples you wish to have analyzed by each type of analysis.
- G. Any comments related to the individual samples.
- H. The date of sample collection goes in the "Date" column.
- I. Time of sample collection goes in the "Time" column.
- J. Check the "AM" box if the sample was collected during morning hours, and the "PM" box if the sample was collected during afternoon or evening hours.
- 3. **Go to the Required Turnaround Time box in the lower left hand area of the form.** Circle the interval within which the lab has to return the results with all required documentation. The authorized turnaround time appears on the Sample Request Form. Altering the turnaround time approved and signed for by supervisory staff will require re-approval.
- 4. The Comments box is available for recording any additional information that might be of use to the laboratory. For example, this space can be used to indicate the sample(s) to be spiked, or to record any deviation from standard procedures.
- 5. The signature boxes in the lower right portion of the form are important for documenting transfer of sample custody from the sampler(s) to the laboratory (and through any intermediary). Any person relinquishing sample custody must sign a "Relinquished by" line in the Transfer of Custody section and indicate the date and time of transfer. The person receiving the samples must likewise sign the following "Received by" line and indicate the date and time of the transfer. Shipping personnel do not need to sign the chain-of-custody. Rather, your copy of the airbill will serve as a custody record.
- 6. The laboratory representative who receives the samples must sign the "Received by" line in the **Laboratory Receipt of Samples** section. The representative must also indicate, in the appropriate boxes, the date and time of sample receipt, the name of the laboratory, and the laboratory's street address.
- 7. When shipping samples, remove the bottom (pink) copy of the form before placing the rest of the form in the cooler to be shipped. When dropping samples off at a laboratory, wait until all signatures are obtained before removing the bottom copy.